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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).								
I hereby appoint:								
Practitioners associated with the Customer Number:  OR  Practitioner(s) named below (if more than len patent practitioners are to be named, then it							customer nu	mber must be used):
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent splications assigned only to the undersigned according to the USPTO assignment records or assignment documents statched to this form in accordance with 37 CFR 3.73(b).								
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:								
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a copy of this form, together with a statement under 37 CFR.3.73(t) (Form PTO(SDM) or squivalent) in required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(t) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.								
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee								
Signature	Eller	u C. Br	w		Date			

This collection of information is required by 37 CFR 1.31, 1.22 and 1.33. The information is required to obtain or retain a benefit by the spots which is in fits (and by the USPTO) to process) an application. Confidentially appeared by the USPTO 1.25 and SCFR 1.14 of USPTO 2.25 and SCFR 1.25 and

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